

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new non-provisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	242336US0DIV
	First Inventor or Application Identifier	Akira YAMADA
	Title	AMIDE COMPOUNDS FOR THE POTENTIATION OF CHOLINERGIC ACTIVITY

<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents</i>	<b>ADDRESS TO:</b> Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification Total Sheets <input type="text" value="31"/></p> <p>3. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets <input type="text" value=""/></p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages <input type="text" value="3"/> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification or Sequence Listing on : i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies</p>	<b>ACCOMPANYING APPLICATION PARTS</b> <p>7. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard</p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>15. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>16. <input checked="" type="checkbox"/> Other: Request for Priority</p>

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application no.: 10/285,526, Filed November 1, 2002

Prior application information: Examiner: Zinna Davis Group Art Unit: 1625

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>18. CORRESPONDENCE ADDRESS</b>
Customer Number <b>22850</b> (703) 413-3000 FACSIMILE: (703) 413-2220

Name:	Norman F. Oblon	Registration No.:	24,618
Signature:	<i>Thomas Cunningham</i>	Date:	9/4/03
Name:	Thomas M. Cunningham	Registration No.:	45,394



09/04/03

Docket No.

242336US0DIV

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

INVENTOR(S) Akira YAMADA, et al.

SERIAL NO: New Application

FILING DATE: Herewith

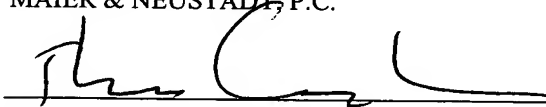
FOR: AMIDE COMPOUNDS FOR THE POTENTIATION OF CHOLINERGIC ACTIVITY

**FEE TRANSMITTAL**COMMISSIONER FOR PATENTS  
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	18 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	3 - 3 =	0	x \$84 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
BASIC FEE				\$750.00
TOTAL OF ABOVE CALCULATIONS				\$750.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
TOTAL				\$750.00

☐ Please charge Deposit Account No. 15-0030 in the amount of \_\_\_\_\_ A duplicate copy of this sheet is enclosed.☒ A check in the amount of **\$750.00** to cover the filing fee is enclosed.☐ Credit card payment form is attached to cover the filing fee in the amount of \_\_\_\_\_☒ The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment form is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.Date: 9/4/03  
Norman F. Oblon

Registration No. 24,618

Customer Number

**22850**Tel. (703) 413-3000  
Fax. (703) 413-2220  
(OSMMN 05/03)

Thomas M. Cunningham

Registration No. 45,394